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APPLICANTS

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**** CONTINUING DATA *******

~~This application is a CIP of 09/057,303 04/08/1998 PAT 6,331,166~~
~~and is a CIP of 09/146,185 09/01/1998 PAT 6,540,693~~
~~and is a CIP of 09/159,467 09/23/1998 PAT 6,261,244~~
~~and is a CIP of 09/238,965 01/27/1999 PAT 6,659,105~~
~~and is a CIP of 09/356,187 07/16/1999 PAT 6,312,429~~
~~and is a CIP of 09/477,255 01/04/2000 PAT 6,471,700~~

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 22	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 7
Verified and Acknowledged	Examiner's Signature Initials				

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TITLE

DILATION DEVICES AND METHODS FOR REMOVING TISSUE SPECIMENS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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 1.18 Fees (Issue)

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